

STATE OF INDIANA )  
 ) SS:  
COUNTY OF WARRICK )

IN THE WARRICK SUPERIOR COURTS  
SMALL CLAIMS DIVISION  
One County Square, Suite 320-S  
Boonville, IN 47601  
(812) 897-6148

\_\_\_\_\_  
\_\_\_\_\_  
Claimant(s) )  
Vs. )  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s) )

CAUSE NO: 87D0 \_\_\_\_ - \_\_\_\_ -SC- \_\_\_\_

VERIFIED MOTION IN  
PROCEEDINGS SUPPLEMENTAL  
WITH  
INTERROGATORIES TO BE ANSWERED BY  
GARNISHEE DEFENDANT

\_\_\_\_\_  
Garnishee Defendant

(PLEASE SEE REVERSE SIDE)

The Claimant(s) affirm(s) that the following representations are true under the penalties of perjury.

1. Claimant(s) recovered a judgment against the above named Defendant(s) on \_\_\_\_\_, 20\_\_\_\_ in the amount of \$ \_\_\_\_\_, plus interest and costs herein, which \$ \_\_\_\_\_ is still unpaid.
2. Claimant(s) has/have no cause to believe that the levy of execution against the Defendant(s) will satisfy the judgment.
3. Claimant believes the Defendant(s) has wages, assets, income, profits, or other non-exempt property, due or to become due from the Garnishee Defendant, which exceeds the amount exempt from execution.

WHEREFORE, Claimant(s) move(s) the Court to order the Defendant(s) to appear before this Court to answer as to wages, assets, profits, and non-exempt property subject to execution, attachment or garnishment AND to order the Garnishee Defendant to either appear personally in court or answer Interrogatories under oath.

Claimant signature \_\_\_\_\_ Claimant signature \_\_\_\_\_

**ORDER TO APPEAR AND ANSWER TO NON-EXEMPT PROPERTY**

The Court having examined the Verified Motion In Proceedings Supplemental and being duly advised in the premises, now ORDERS THE BELOW DESIGNATED DEFENDANT(S) to appear in Court to answer concerning property at the Warrick Superior Court, 3<sup>rd</sup> Floor, Judicial Center, Boonville, Indiana, on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. and the GARNISHEE DEFENDANT, if any is ordered to answer the interrogatories attached and mail the same by registered or certified mail, return receipt requested, or deliver the answers to this Court on or before the date set for hearing in this matter.

And now the Court ORDERS the Clerk, or any person permitted by law to do so, to serve the same upon the DEFENDANT(S) and GARNISHEE DEFENDANT (if applicable), at the address(es) shown below or such other place as they may be found.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE, WARRICK SUPERIOR COURT NO. 1

**PLEASE SERVE:**

DEFENDANT:

DEFENDANT:

GARNISHEE DEFENDANT:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

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CAUSE NO: 87D0 \_\_\_\_ - \_\_\_\_ -SC- \_\_\_\_

\_\_\_\_\_  
Garnishee Defendant

INTERROGATORIES TO BE ANSWERED BY GARNISHEE DEFENDANT

RE: \_\_\_\_\_  
(Defendant)

Answers to these Interrogatories must be mailed or delivered to the Clerk of the above named Court and to the Claimant(s) within the time specified by the accompanying order of the Court.

1. State the correct name and address of your business: \_\_\_\_\_
2. Does the organization, business or enterprise have the Defendant on their payroll? ☐ Yes ☐ No
3. What is the Social Security Number and Date of Birth of the Defendant?  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. What is the Defendant's full name and home or mailing address and telephone number?  
\_\_\_\_\_
5. What is the Defendant's Pay? Hourly rate: \_\_\_\_\_ Gross Salary: \_\_\_\_\_ per \_\_\_\_\_
6. State whether or not there are other garnishment orders at this time in effect with your organization, business or enterprise against the Defendant; ☐ Yes ☐ No If so, please state the date upon which you expect to have the garnishment paid in full \_\_\_\_\_
7. To your knowledge, does the Defendant receive any income from any other employment outside of your company? ☐ Yes ☐ No If so, please state the name and address of the employer below:  
\_\_\_\_\_
8. Name of the person completing this form: \_\_\_\_\_  
Position with the above organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I affirm, under the penalties for perjury, that the foregoing representations are true.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Garnishee Defendant or their authorized representative)

Please mail completed copy to the above Court address